

# **Exhibit Y**



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**X-RAY EVALUATION**

October 25, 2002

Jones, Willie

JC/LC [REDACTED]

DOB: [REDACTED]

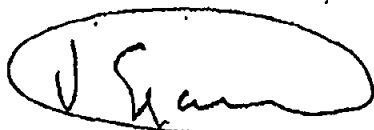
**HISTORY:** History of asbestos and silica exposure, 1967-1981, foundry.

PA and lateral views of the chest dated September 9, 2002 are reviewed for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 1. Examination of the lung parenchyma reveals a diffuse bilateral interstitial pattern consisting of rounded and irregular small opacities of size and shape P/S, ILO profusion 1/0 in all six lung zones. Examination of the pleural surfaces demonstrates no pleural plaques, pleural thickening, or pleural calcifications. No parenchymal infiltrates, nodules or masses are present. The trachea is midline. The heart size is normal and the mediastinal structures are unremarkable. There are no other significant intrathoracic findings. No earlier films are available for comparison.

**IMPRESSION:**

WITH REASONABLE MEDICAL CERTAINTY, RADIOGRAPHIC EVIDENCE FOR MIXED-DUST PNEUMOCONIOSIS [REDACTED] BASED ON AN APPROPRIATE EXPOSURE HISTORY.

  
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102502.JC1a1



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WORKER'S Social Security Number

TYPE OF READING

FACILITY IDENTIFICATION

JONES, WILLIE

A ☒ P

JC

1A. DATE OF X-RAY

MONTH DAY YR  
09 09 02

1B. FILM QUALITY

☒ 2 ☐ 3 ☐ U/MIf Not Grade 1  
Give Reason1C. IS FILM COMPLETELY  
NEGATIVE?YES ☐Proceed to  
Section 5NO ☒Proceed to  
Section 22A. ANY PARENCHYMAL ABNORMALITIES  
CONSISTENT WITH PNEUMOCONIOSIS?YES ☒COMPLETE  
2B and 2CNO ☐PROCEED TO  
SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY	SECONDARY
<input checked="" type="checkbox"/> s	<input checked="" type="checkbox"/> P
<input type="checkbox"/> t	<input type="checkbox"/> q
<input type="checkbox"/> u	<input type="checkbox"/> r

b. ZONES

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R	L

c. PROFUSION

0/-	0/0	0/1
<input checked="" type="checkbox"/> 1/1	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2
<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3
<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3+

2C. LARGE OPACITIES

SIZE ☒ A ☐ B ☐ CPROCEED TO  
SECTION 33A. ANY PLEURAL ABNORMALITIES  
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐COMPLETE  
3B, 3C and 3DNO ☒PROCEED TO  
SECTION 43B. PLEURAL  
THICKENING

a. DIAPHRAGM (pleque)

SITE ☐ O ☐ R ☐ L

b. COSTOPHRENIC ANGLE

SITE ☐ O ☐ R ☐ L

3B. PLEURAL THICKENING... Chest Wall

a. CIRCUMSCRIBED (pleque)

SITE	O	R
IN PROFILE	<input type="checkbox"/> O	<input type="checkbox"/> L
I. WIDTH	<input type="checkbox"/> 0	<input type="checkbox"/> 1
II. EXTENT	<input type="checkbox"/> 0	<input type="checkbox"/> 1
FACE ON	<input type="checkbox"/> 0	<input type="checkbox"/> 1
II. EXTENT	<input type="checkbox"/> 0	<input type="checkbox"/> 1

b. DIFFUSE

SITE	O	R
IN PROFILE	<input type="checkbox"/> O	<input type="checkbox"/> L
I. WIDTH	<input type="checkbox"/> 0	<input type="checkbox"/> 1
II. EXTENT	<input type="checkbox"/> 0	<input type="checkbox"/> 1
FACE ON	<input type="checkbox"/> 0	<input type="checkbox"/> 1
II. EXTENT	<input type="checkbox"/> 0	<input type="checkbox"/> 1

3D. PLEURAL CALCIFICATION

SITE ☐ O ☐ R EXTENT

a. DIAPHRAGM	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. WALL	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. OTHER SITES	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SITE ☐ O ☐ L EXTENT

a. DIAPHRAGM	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. WALL	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. OTHER SITES	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

PROCEED TO  
SECTION 4

4A. ANY OTHER ABNORMALITIES?

YES ☐COMPLETE  
4B and 4CNO ☒PROCEED TO  
SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

Report items  
which may be of  
present clinical  
significance  
in this section.

<input type="checkbox"/> O	<input type="checkbox"/> ex	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> ch	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> er	<input type="checkbox"/> fr	<input type="checkbox"/> hl	<input type="checkbox"/> ho	<input type="checkbox"/> ld	<input type="checkbox"/> lh	<input type="checkbox"/> li	<input type="checkbox"/> pl	<input type="checkbox"/> pr	<input type="checkbox"/> ip	<input type="checkbox"/> th
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(SPECIFY od.)

☐ DD

Date Personal Physician notified?

MONTH DAY YR

4C. OTHER COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.

YES ☐ NO ☒PROCEED TO  
SECTION 5.

5. FILM READER'S INITIALS

JTS

DATE OF READING

MONTH DAY YR  
10 29 02